

Name of Applicant: \_\_\_\_\_

Date Certified: \_\_\_\_\_ Date Certification Expires: \_\_\_\_\_

**Re-certification Application MUST be filed between: \_\_\_\_\_**

**(Applications for re-certification received less than two months before the expiration date will be assessed a \$25.00 late fee.)**

**NATIONAL ELDER LAW FOUNDATION  
BOARD OF CERTIFICATION**

6336 N Oracle Rd., Ste. 326, #136  
Tucson, AZ 85704  
Tel: (520) 881-1076 • Fax: (520) 203-0277

**APPLICATION FOR RE-CERTIFICATION IN ELDER LAW**

**I. GENERAL INFORMATION ON APPLICANT**

Name \_\_\_\_\_  
(As you wish it to appear on your Certificate)

Name of Firm \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Re-certification Application**  
**General Information**  
**Page 2 of 2**

Legal Employment: List all places of legal employment during the five years immediately proceeding the date of this Application.

1. \_\_\_\_\_  
Firm or Employer From: Mo./Yr. To: Mo./Yr.

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Title (partner, associate, other) Immediate Supervisor

2. \_\_\_\_\_  
Firm or Employer From: Mo./Yr. To: Mo./Yr.

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Title (partner, associate, other) Immediate Supervisor

3. \_\_\_\_\_  
Firm or Employer From: Mo./Yr. To: Mo./Yr.

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Title (partner, associate, other) Immediate Supervisor

4. \_\_\_\_\_  
Firm or Employer From: Mo./Yr. To: Mo./Yr.

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Title (partner, associate, other) Immediate Supervisor

Name of Applicant \_\_\_\_\_

**II. RE-CERTIFICATION APPLICATION  
LICENSURE/CERTIFICATION/INTEGRITY**

List all jurisdictions in which you are licensed or have been licensed to practice law.

JURISDICTION	BAR CARD/I.D. NO.	DATE OF LICENSURE

A. Are you a member in good standing of the Bar in all jurisdictions in which you are licensed to practice, were you a member in good standing at the time any license may have been voluntarily surrendered, and are you currently an active member of the Bar in at least one of said jurisdictions? See Rules and Regulations, Section 5.1.1.

\_\_\_Yes    \_\_\_No

B. Have you been disciplined, disbarred, or suspended from practice since the date of your certification or most recent re-certification by any body authorized to impose professional discipline?

\_\_\_Yes    \_\_\_No

C. Have you been convicted of a crime since the date of your certification or most recent re-certification?

\_\_\_Yes    \_\_\_No

D. Have you admitted malpractice, or has a final malpractice judgment been entered against you since the date of your certification or most recent re-certification?

\_\_\_Yes    \_\_\_No

**Re-certification Application  
Licensure/Certification/Integrity  
Page 2 of 2**

List any legal certification you have previously obtained:

Certifying Entity	Specialty	Date of Certification

E. Have you been denied certification by any certifying entity?

Yes     No

If you answered "no" to A above, or "yes" to B, C, D, or E above, you must submit with this Application a detailed written explanation for each such answer.

Under Rules and Regulations Section 5.1.3, "The Board of Certification shall accept as final the findings of any body authorized to impose professional discipline. The applicant may not be certified for three years following any public discipline, final criminal conviction, final malpractice judgment, or admission of malpractice as defined in Section 5.3.4, unless the applicant establishes to the Standards Committee that such factors are not relevant to the applicant's fitness to be certified."

Name of Applicant: \_\_\_\_\_

### **III. RE-CERTIFICATION APPLICATION ITEMIZATION OF SUBSTANTIAL INVOLVEMENT IN ELDER LAW**

By completing this section of the Re-Certification Application, I certify that I have practiced elder law an average of at least 16 hours per week during at least three of the four years since my certification or most recent re-certification, that I expect to satisfy the number of hours requirement in the fifth year of my certification, and that during that same time period I have provided legal services in at least sixty (60) elder law matters as defined in Section 5.1.4.2 (A) of the Rules and Regulations. [Note: One file for an individual client can include multiple "legal services" or "matters" as defined in Section 5.1.4.2 (A), but each "matter" must be listed separately.] Following is an itemization of sixty elder law matters in which I have provided legal services since my certification or most recent re-certification, and which I am using to satisfy these requirements. Of these 60 elder law matters, 40 are in areas 5.1.4.2 (A) (1) through (5), with at least five matters in each of these areas. The next ten matters are in areas (6) through (12), with no more than five matters in each of these areas, and the remaining ten matters are in any area of my choosing, as required under Rules and Regulations Section 5.1.4.

To maintain client confidentiality, do not identify individual clients. Keep for yourself a separate "reference list" of client matters that you have included. This is necessary in the event the Board contacts you for further information. Do not include this "reference list" with your Application.

#### **INSTRUCTIONS:**

**The following page provides the required format for itemizing the elder law matters that you are using to fulfill the re-certification task requirements. Make copies of this page and itemize all sixty matters on these copied pages. Number each page at the top as indicated.**

In addition, you are required to use and complete the page entitled "Itemization Master Grid" to demonstrate and assure that you have listed at least 40 matters in the first five columns, ten matters in the last eight columns plus an additional 10 matters in any category. A check mark for each "itemized matter" in the appropriate column will identify that "matter" in one of the areas specified under Section 5.1.4.2. (A) (1) through (12).

Name of Applicant \_\_\_\_\_ File No. \_\_\_\_\_

For Office Use Only

III. Itemization of Substantial Involvement. Sheet \_\_\_\_\_ of \_\_\_\_\_

**ITEMIZATION OF INDIVIDUAL ELDER LAW MATTERS**

If you do not use this form and the Itemized Master Grid, your Application will not be accepted and filed.

**MATTER NUMBER** \_\_\_\_\_

Section Number in which matter falls in Rules and Regulations Sections 5.1.4.2 (A) 1 through 12: \_\_\_\_\_

Type of Representation or Counsel given: \_\_\_\_\_

\_\_\_\_\_

Approximate Date \_\_\_\_\_

Ultimate disposition of Matter: \_\_\_\_\_

Check each of the following that apply. Refer to Section 5.1.4.2.E

- a. \_\_\_\_\_ Provided advice;
- b. \_\_\_\_\_ Drafted legal documents;
- c. \_\_\_\_\_ Administered legal directives;
- d. \_\_\_\_\_ Participated in litigation relative to an elder law issue.

**MATTER NUMBER** \_\_\_\_\_

Section Number in which matter falls in Rules and Regulations Sections 5.1.4.2 (A) 1 through 12: \_\_\_\_\_

Type of Representation or Counsel given: \_\_\_\_\_

\_\_\_\_\_

Approximate Date \_\_\_\_\_

Ultimate disposition of Matter: \_\_\_\_\_

Check each of the following that apply. Refer to Section 5.1.4.2.E.

- a. \_\_\_\_\_ Provided advice;
- b. \_\_\_\_\_ Drafted legal documents;
- c. \_\_\_\_\_ Administered legal directives;
- d. \_\_\_\_\_ Participated in litigation relative to an elder law issue.





Name of Applicant \_\_\_\_\_

**IV. RE-CERTIFICATION APPLICATION  
CONTINUING LEGAL EDUCATION ACTIVITY**

List below your continuing legal education in elder law within the period of your current certification or most recent re-certification. You must have attended or participated in at least 75 hours of continuing legal education in elder law within the period of your current certification or most recent re-certification, with no more than 24 hours credited in any one year. CLE may be earned to satisfy this requirement until two months prior to the expiration of your certification. Please indicate whether the CLE course has been approved by the bar in any jurisdiction. If it has not been approved, please send sufficient information regarding the activity to allow the Standards Committee to make a decision regarding its acceptability to satisfy CLE requirements. See Rules and Regulations Section 5.2.4, particularly with regard to credit for teaching, writing, etc.

If you need additional space to list the CLE programs that you are using to satisfy this requirement, please make and use photocopies of the second page.

**Title of program, course, or work:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date(s) presented or published: \_\_\_\_\_

Number of hours of attendance, teaching, or preparation \_\_\_\_\_

Bar Approved?     \_\_\_\_\_ Yes     \_\_\_\_\_ No     If yes, which bar? \_\_\_\_\_

If participation other than CLE attendance, describe: \_\_\_\_\_

\_\_\_\_\_

**Title of program, course, or work:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date(s) presented or published: \_\_\_\_\_

Number of hours of attendance, teaching, or preparation \_\_\_\_\_

Bar Approved?     \_\_\_\_\_ Yes     \_\_\_\_\_ No     If yes, which bar? \_\_\_\_\_

If participation other than CLE attendance, describe: \_\_\_\_\_

\_\_\_\_\_

**Total this page**                   \_\_\_\_\_

**Re-Certification Continuing Legal Education Activity Page 2 of 3**

**Title of program, course, or work:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date(s) presented or published: \_\_\_\_\_

Number of hours of attendance, teaching, or preparation \_\_\_\_\_

Bar Approved?     \_\_\_\_\_ Yes,     \_\_\_\_\_ No     If yes, which bar? \_\_\_\_\_

If participation other than CLE attendance, describe: \_\_\_\_\_

\_\_\_\_\_

**Title of program, course, or work:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date(s) presented or published: \_\_\_\_\_

Number of hours of attendance, teaching, or preparation \_\_\_\_\_

Bar Approved?     \_\_\_\_\_ Yes,     \_\_\_\_\_ No     If yes, which bar? \_\_\_\_\_

If participation other than CLE attendance, describe: \_\_\_\_\_

\_\_\_\_\_

**Title of program, course, or work:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date(s) presented or published: \_\_\_\_\_

Number of hours of attendance, teaching, or preparation \_\_\_\_\_

Bar Approved?     \_\_\_\_\_ Yes,     \_\_\_\_\_ No     If yes, which bar? \_\_\_\_\_

If participation other than CLE attendance, describe: \_\_\_\_\_

\_\_\_\_\_

**Total this page**     \_\_\_\_\_

**Re-Certification Continuing Legal Education Activity Page 3 of 3**

**Title of program, course, or work:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

**Date(s) presented or published:** \_\_\_\_\_

**Number of hours of attendance, teaching, or preparation** \_\_\_\_\_

**Bar Approved?**      \_\_\_\_\_ Yes,      \_\_\_\_\_ No      **If yes, which bar?** \_\_\_\_\_

**If participation other than CLE attendance, describe:** \_\_\_\_\_

**Title of program, course, or work:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

**Date(s) presented or published:** \_\_\_\_\_

**Number of hours of attendance, teaching, or preparation** \_\_\_\_\_

**Bar Approved?**      \_\_\_\_\_ Yes,      \_\_\_\_\_ No      **If yes, which bar?** \_\_\_\_\_

**If participation other than CLE attendance, describe:** \_\_\_\_\_

**Total this page** \_\_\_\_\_

**TOTAL HOURS ALL PAGES** \_\_\_\_\_

**I certify that I have, in fact, completed the above as listed, and that I can produce appropriate documentation of same if requested by the Board of Certification.**

**Dated:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**V. RE-CERTIFICATION APPLICATION  
NAMES OF REFERENCES**

List below the name, address and telephone number of at least three current **NELF Certified Elder Law Attorneys (CELA)** who are familiar with your competence and qualifications in elder law. None of these attorneys may be persons related to you or engaged in the practice of elder law with you. You may give us more than the three references required by the Rules and Regulations. This is not mandatory, but will help ensure the timely return of the requisite number so as not to delay your application. All references you provide will be contacted and all references received by the Board will be considered, even if more than five are received. A copy of the form that the Board will distribute is attached for your information only. Do not send the form to your references. The form will be mailed by the Board directly to the references that you provide.

As part of the Re-Certification Application Agreement, you have signed a confidentiality waiver, waiving the right to review or discover the Confidential Statements of Reference received from your references and the information contained therein.

- Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_
- Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_
- Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Re-certification Application**  
**Names of References**  
**Page 2 of 2**

▪ Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

▪ Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

▪ Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

▪ Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Applicant \_\_\_\_\_

**VII. VERIFICATION AND  
RE-CERTIFICATION APPLICATION AGREEMENT**

STATE OF \_\_\_\_\_

COUNTY/PARISH/CITY OF \_\_\_\_\_

No alterations or modifications may be made to this Agreement. If any alterations or modifications are made, the application will not be accepted and filed.

Note: You must comply with all re-certification requirements as set forth in the Rules and Regulations. The successful completion of the Re-Certification Applications must be received, not more than one year, nor less than two months before the expiration date of your most recent certification.

**If you do not, the Rules and Regulations mandate that you will be required to start the entire certification process over again.**

I agree to abide by all rules and regulations promulgated by the National Elder Law Foundation, Board of Certification (the "Board") as amended from time to time.

In making and filing this application for certification, I authorize all persons, firms, officers, corporations, associations, organizations, State or Federal agencies and institutions to furnish to the Board or any of its authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application or in any investigation of my continuing satisfaction of the standards for certification.

I further agree that all information received by the Board may be treated confidentially by the Board. In addition, I hereby waive my right of confidentiality with regard to any agency (whether State, National, or other, including the American Bar Association) with jurisdiction over legal licensure, disciplinary proceedings, or specialization, and also with regard to any organization or entity approved by the state to certify legal specialists to which I have applied or by which I am certified.

I specifically waive any right to review any Confidential Statements of Reference or other evaluations and references made to the Board, whether solicited by me or by the Board. In addition, I agree not to seek discovery of such references and evaluations, formally or informally, in any legal proceeding or otherwise.

**Re-certification Application  
Verification and Agreement  
Page 2 of 2**

I agree to defend or pay the costs of defense, at the discretion of the Board, for any suit or claim initiated concerning my application, my Certification or re-Certification, or the revocation of my Certification or re-Certification, by the National Elder Law Foundation, and to indemnify the National Elder Law Foundation and the Board of Certification for any judgment or settlement ordered or paid as a result of any legal action arising therefrom.

I agree that in the event my certificate is suspended or revoked or I am not re-certified, I shall cease to hold myself out in any way as certified by the National Elder Law Foundation, and will remove my certificate from public display.

I hereby certify that I have reviewed each part of my application carefully, and made each statement and representation therein, and answered each question therein, voluntarily, fully and frankly and without concealment or reservation. Such answers are, within my personal knowledge, true and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant's Name (type or print)

SWORN TO and SUBSCRIBED before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires:\_\_\_\_\_

[NOTARIAL SEAL]